

INTERNAL MOBILITY APPLICANT INTERVIEW FORM

(Information Required Pursuant To 101 KAR 1:400)

Applicant's Name

Date of Interview

SENIORITY

Months of KY State Service: _____

Months of Department or Cabinet Service: _____

QUALIFICATIONS

Education:

High School/GED _____ College _____ Graduate _____

Undergraduate

If yes, college/university: _____

Degree: _____

Graduate

If yes, college/university: _____

Degree: _____

Other (classes, seminars, workshops, etc.): _____

PERFORMANCE EVALUATIONS

| YEAR | RATING | | | | |
|-------|-------------------|------------------------|------------|-------------------------|--------------------|
| _____ | Outstanding _____ | Highly Effective _____ | Good _____ | Needs Improvement _____ | Unacceptable _____ |
| _____ | Outstanding _____ | Highly Effective _____ | Good _____ | Needs Improvement _____ | Unacceptable _____ |
| _____ | Outstanding _____ | Highly Effective _____ | Good _____ | Needs Improvement _____ | Unacceptable _____ |

RECORD OF PERFORMANCE

Occupational experiences, accomplishments, positions, awards, etc.: _____

CONDUCT

Reprimands, Suspensions, Other: _____

I hereby certify that all information contained herein is true and accurate.

Applicant's Signature

Today's Date